

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael Orlando Cimini, et al. : Art Unit: 3623  
Serial No.: 09/954,775 : Examiner: Van Doren, Beth  
Filed: September 18, 2001 :  
For: METHODS AND SYSTEMS :  
FOR EVALUATING PROCESS :  
PRODUCTION PERFORMANCE :

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:
  1. Amendment Transmittal (3 pages)
  2. Amendment (15 pages)

**STATUS**

2. Applicant  
 claims small entity status.  
 is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 450.00	\$ 225.00
third month	\$ 1,020.00	\$ 510.00
fourth month	\$1,590.00	\$ 795.00

fifth month	\$2,160.00	\$1,080.00
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Fee: \_\_\_\_\_ \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

— An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

		(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMDT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS	=	x \$25.00 = \$		x \$50.00 = \$
		MINUS	=	x \$100.00 = \$		x \$200.00 = \$
		FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a)  No additional fee for Claims is required

OR

- (b)  Total additional fee for claims required \$\_\_\_\_\_

#### FEE PAYMENT

5. Attached is a check in the sum of \$\_\_\_\_\_

- Charge Deposit Account No. 01-2384 the sum of \$\_\_\_\_\_.  
A duplicate of this transmittal is attached.

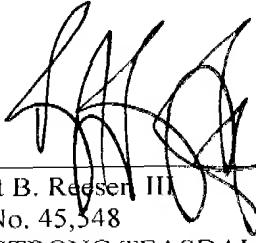
**FEE DEFICIENCY**

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:



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